

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1									
2		1								
3										
4										
5	1									
6		1								
7										
8										
9										
10		1								
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37	1									
38	1									
39	1									
40	1									
41	1	1								
42	1									
43	3									
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.	16									
TOTAL DEP.	34									
TOTAL CLAIMS	50									